

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

17804

FILED JUN 20. 1955

BIRTH NO.		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>607</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>47 yrs</u>		c. CITY OR TOWN <u>St. Joseph</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2021 Faraon Street</u>				e. STREET ADDRESS (If rural, give location) <u>2021 Faraon Street</u> <u>011/0</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Morris</u>		b. (Middle) <u>M.</u>		c. (Last) <u>Nelson</u>	
4. DATE OF DEATH		(Month) <u>June</u>		(Day) <u>10</u>		(Year) <u>1955</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 15, 1885</u>		9. AGE (In years last birthday) <u>70</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pres. Home Oil & Gas Corp.</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Russia</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Meyer Rubin</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Bessie Nelson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give year or dates of service) <u>*****</u>		16. SOCIAL SECURITY NO. <u>491-09-5295</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Bessie Nelson</u> ADDRESS <u>St. Joseph, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY OCCLUSION</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>CORONARY SCLEROSIS</u> DUE TO (c) <u>ARTERIOSCLEROTIC HEART DISEASE</u> II. OTHER SIGNIFICANT CONDITIONS <u>CONVALESCENCE FROM CHOLECYSTECTOMY DONE MARCH 10, 1955</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 MIN.</u> <u>20 MONTHS</u> <u>2 YEARS</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>DECEMBER 28, 1949</u> , to <u>JUNE 10</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>JUNE 10</u> , 19 <u>55</u> , and that death occurred at <u>2:05P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Allen S. Lerman</u> M. D.		23b. ADDRESS <u>706 FRANCIS ST. ST. JOSEPH, MO.</u>		23c. DATE SIGNED <u>6/16/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 12, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bnai Yaakov Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>June 13, 1955</u>		REGISTRAR'S SIGNATURE <u>Eather M. Allison</u> <u>485</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Meierhoff</u> ADDRESS <u>St. Joseph, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 25 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by^{***}^{****}....., Student Embalmer No.^{****}..... working under my personal supervision..

Student.....^{***}^{****}.....
Signature of Student Embalmer

Signed.....

Raymond J. Morelli

Licensed Embalmer No. 4413 Mo.

P. O. Address St. Joseph, ..

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.